

PROGRAM REVIEW FOR VIRGINIA INTERMEDIATE TRAINING PROGRAMS

Program Self-Study

Program

Name: _____

Program

Address: _____

Program Director

(Coordinator): _____

Work Phone Number: (____) _____

E-Mail: _____

Program Medical

Director: _____

Work Phone Number: (____) _____

E-Mail: _____

Date of Site

Visit: _____

Review Status: Initial Certification:

Recertification:

INSTRUCTIONS: Please complete each question thoroughly by checking "Yes" or "No" to each of the responses. A "No" response requires that an explanation be included in the Comments Section. To provide as complete an answer as possible, comments are encouraged for all questions. The "Yes/No" qualifiers are included to guide the site visit team through the data-gathering process.

In some cases it will be necessary to include other descriptors that qualify an answer to the question.

SPONSORSHIP (1.A.)

1. Is there evidence found on site that the program sponsoring institution(s) holds current affiliation with a post secondary institution? (Not mandatory)

Yes No
☐ ☐

Confirmation by Program Director

RESOURCES

Personnel (1.B.1.)

1. Does the program director have the appropriate credentials and qualifications to carry out the position?

Yes No
☐ ☐ Verified by licensure or certification
☐ ☐ Verified by level of education
☐ ☐ Confirmed by job description
☐ ☐ Other_____

If any above are marked "no", please explain:

2. Does the program director have a plan demonstrating that an adequate amount of time is committed to each of the following to ensure success of the program?

Yes No
☐ ☐ Presentation of syllabus for curriculum and schedule of instructors
☐ ☐ Practical Skills
☐ ☐ Clinicals
☐ ☐ Internships
☐ ☐ Prepared test bank for program tests
☐ ☐ Orientation of faculty and preceptors
☐ ☐ Other_____

If any above are marked "no", please explain:

3. Does the program director have plans for administration of the program through evidence of:

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Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Completion of required state paperwork
<input type="checkbox"/>	<input type="checkbox"/>	Assigning and scheduling of instructors
<input type="checkbox"/>	<input type="checkbox"/>	Student records (attendance, grades, skill competency sheets, clinical sheets, vaccinations)
<input type="checkbox"/>	<input type="checkbox"/>	Copy of the current state approved curriculum.

If any above are marked "no", please explain:

4. Is the program director responsible for a Periodic Review of the program as demonstrated by

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Student evaluations
<input type="checkbox"/>	<input type="checkbox"/>	Faculty evaluations
<input type="checkbox"/>	<input type="checkbox"/>	Employer evaluations
<input type="checkbox"/>	<input type="checkbox"/>	Clinical site evaluations
<input type="checkbox"/>	<input type="checkbox"/>	Internship site evaluations

If any above are marked "no", please explain:

5. Does the program director actively solicit and require the cooperation *and participation* of the program medical director?

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Verified by the course schedules for lectures and labs
<input type="checkbox"/>	<input type="checkbox"/>	Verified by signed letter of agreement

If any above are marked "no", please explain:

MEDICAL DIRECTION (1.B.1) {To be completed by Course Medical Director}

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1. Is there a formal relationship between the medical director and the program?

Yes No

☐ ☐ Verified by contract or documents or agreement

If any above are marked "no", please explain:

2. Does the medical director review and approve the educational content of the program curriculum?

Yes No

<input type="checkbox"/>	<input type="checkbox"/>	Reviews and approves lesson plans, on an on-going basis
<input type="checkbox"/>	<input type="checkbox"/>	Reviews and approves evaluation systems, on an on-going basis
<input type="checkbox"/>	<input type="checkbox"/>	Reviews and approves curriculum, on an on-going basis
<input type="checkbox"/>	<input type="checkbox"/>	Periodically reviews and approves objectives for lectures
<input type="checkbox"/>	<input type="checkbox"/>	Periodically reviews and approves objectives for labs
<input type="checkbox"/>	<input type="checkbox"/>	Periodically reviews and approves clinical objectives
<input type="checkbox"/>	<input type="checkbox"/>	Periodically reviews and approves field internship objectives
<input type="checkbox"/>	<input type="checkbox"/>	Other: _____

If any above are marked "no", please explain:

3. How does the medical director assure and approve the quality of medical instruction?

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Approves exams
<input type="checkbox"/>	<input type="checkbox"/>	Periodically observes lectures
<input type="checkbox"/>	<input type="checkbox"/>	Periodically observes labs
<input type="checkbox"/>	<input type="checkbox"/>	Periodically observes clinical experiences
<input type="checkbox"/>	<input type="checkbox"/>	Periodically observes or assures evaluation of field internships
<input type="checkbox"/>	<input type="checkbox"/>	Evaluation of student performance
<input type="checkbox"/>	<input type="checkbox"/>	Reviews student evaluation of course/faculty
<input type="checkbox"/>	<input type="checkbox"/>	Reviews program director's evaluation of course/faculty
<input type="checkbox"/>	<input type="checkbox"/>	Other: _____

If any above are marked "no", please explain:

4. Does the medical director review each student's performance and assure progress towards program completion?

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Assures review of documents indicating periodic and program completion
<input type="checkbox"/>	<input type="checkbox"/>	Participates in student counseling
<input type="checkbox"/>	<input type="checkbox"/>	Other: _____

If any above are marked "no", please explain:

5. Does the medical director attest that each graduating student has achieved the desired level of competency prior to graduation?

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Review of documents indicating completion of terminal program objectives
<input type="checkbox"/>	<input type="checkbox"/>	Participates in summative evaluation
<input type="checkbox"/>	<input type="checkbox"/>	Monitors test results
<input type="checkbox"/>	<input type="checkbox"/>	Other: _____

If any above are marked "no", please explain:

6. Does the medical director participate in the local medical community?

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Participates in the local/regional EMS system.
<input type="checkbox"/>	<input type="checkbox"/>	Currently licensed and practicing
<input type="checkbox"/>	<input type="checkbox"/>	Other _____

If any above are marked "no", please explain:

7. Is the medical director familiar with base station operations?

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Active as a base station physician with on-line medical control
<input type="checkbox"/>	<input type="checkbox"/>	Other: _____

If any above are marked "no", please explain:

FACULTY (1.B.1)

1. Is each instructor of the program qualified to teach students in their assigned topic areas?

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Verified by CV's and documentation of experience
<input type="checkbox"/>	<input type="checkbox"/>	Verified by clinical and educational credentials
<input type="checkbox"/>	<input type="checkbox"/>	Other: _____

If any above are marked "no", please explain:

2. Does each faculty receive appropriate and periodic evaluation?

Yes	No
-----	----

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Confirmed by student evaluation |
| <input type="checkbox"/> | <input type="checkbox"/> | Confirmed by program director or medical director |
| <input type="checkbox"/> | <input type="checkbox"/> | Other: _____ |

If any above are marked "no", please explain:

3. Does each preceptor receive appropriate and periodic evaluation?

- | | | |
|--------------------------|--------------------------|---|
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | Confirmed by student evaluation |
| <input type="checkbox"/> | <input type="checkbox"/> | Confirmed by program director or medical director |
| <input type="checkbox"/> | <input type="checkbox"/> | Other: _____ |

If any above are marked "no", please explain:

FINANCIAL RESOURCES (1.B.2.)

1. How is the program funded?

- | | | |
|--------------------------|--------------------------|------------------|
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | State funding |
| <input type="checkbox"/> | <input type="checkbox"/> | Hospital support |
| <input type="checkbox"/> | <input type="checkbox"/> | Other: _____ |

If any above are marked "no", please explain:

FACILITIES (1.B.3.)

1. Do the classrooms have adequate seating for the numbers of students per each class?

- | | | |
|--------------------------|--------------------------|----------------------------------|
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | Verified by on-site observations |

☐ ☐ Other _____

If any above are marked "no", please explain:

2. Do the laboratories appear to be adequate to support the curriculum requirements for the number of students assigned?

Yes No

☐ ☐ Verified by on-site observations

☐ ☐ Other: _____

If any above are marked "no", please explain:

3. Are there sufficient supplies and equipment available to be used in the provision of instruction and consistent with the needs of the curriculum and adequate for the students enrolled?

Yes No

☐ ☐ Mechanism available to restock supplies

☐ ☐ Supplies and equipment are appropriate for all age groups

☐ ☐ Supplies and equipment are state of the art for the geographical region

☐ ☐ Supplies and equipment are sufficient to support the activities of the laboratory instruction within the program

☐ ☐ Other: _____

If any above are marked "no", please explain:

CLINICAL RESOURCES (1.B.4.)

1. Are there signed affiliation agreements with each clinical affiliate associated with the program that are appropriate to the objectives of that rotation?

Yes No

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Contracts stipulate areas where students may practice |
| <input type="checkbox"/> | <input type="checkbox"/> | Contracts identify responsible staff for assuring learning and conduct |
| <input type="checkbox"/> | <input type="checkbox"/> | Verified by on-site observations |
| <input type="checkbox"/> | <input type="checkbox"/> | Other: _____ |

If any above are marked "no", please explain:

2. Do all students have appropriate access to patients in each affiliated clinical unit?

- | | | |
|--------------------------|--------------------------|---|
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | Verified by program director or medical director. |
| <input type="checkbox"/> | <input type="checkbox"/> | Verified by clinical evaluation instruments |
| <input type="checkbox"/> | <input type="checkbox"/> | Other: _____ |

If any above are marked "no", please explain:

3. Do all students have appropriate access to patients in each affiliated clinical unit? (con't)

- | | | | | |
|--------------------------|--------------------------|--------------|--------------------------|--------------------------|
| Yes | No | | Observation
only | Hands-on
experience |
| <input type="checkbox"/> | <input type="checkbox"/> | ED | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | ICU/CCU | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | OR | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | L&D | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | Peds | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | Psych | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | Other: _____ | <input type="checkbox"/> | <input type="checkbox"/> |

If any above are marked "no", please explain:

4. Will all students have access to adequate numbers of patients who present common problems in the delivery of advanced emergency care in each clinical unit?

- | | | |
|--------------------------|--------------------------|--|
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | Verified by program director or medical director |
| <input type="checkbox"/> | <input type="checkbox"/> | Other: _____ |

If any above are marked "no", please explain:

5. Will all students have an opportunity to encounter patients of appropriate distribution by age and sex?

Yes No

- ☐ ☐ Verified by program director or medical director
☐ ☐ Other: _____

If any above are marked "no", please explain:

6. Are the learning opportunities in each clinical setting efficient and effective in achieving the learning objectives of each clinical assignment?

Yes No

- ☐ ☐ Verified by student to faculty ratios
☐ ☐ Confirmed by observations of site visitors that preceptors are aware of objectives and responsibilities
☐ ☐ Verified by observation that clinical learning objectives are available to all clinical preceptors.
☐ ☐ Other: _____

If any above are marked "no", please explain:

FIELD INTERNSHIP (1.B.4)

1. Is there evidence of medical director participation in the field internship program?

Yes No

- ☐ ☐ Verified by documentation from on-line and off-line medical control entities
☐ ☐ Confirmed by observations of site visitors respective to call audits, and remedial training offered
☐ ☐ Other: _____

If any above are marked "no", please explain:

2. Are the students under the direct supervision of preceptors at all times?

Yes No

- | | | |
|--------------------------|--------------------------|-------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Verified by students and preceptors |
| <input type="checkbox"/> | <input type="checkbox"/> | Verified by program guidelines. |
| <input type="checkbox"/> | <input type="checkbox"/> | Other: _____ |

If any above are marked "no", please explain:

3. How are preceptors selected?(choose all that apply?)

Yes No

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Preceptors are selected by the program |
| <input type="checkbox"/> | <input type="checkbox"/> | Preceptors are selected by the service agency |
| <input type="checkbox"/> | <input type="checkbox"/> | Preceptors are randomly assigned |
| <input type="checkbox"/> | <input type="checkbox"/> | Other: _____ |

If any above are marked "no", please explain:

4. How is preceptor performance verified?

Yes No

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Documented by records of preceptor orientation and training programs |
| <input type="checkbox"/> | <input type="checkbox"/> | Confirmed by program administration |
| <input type="checkbox"/> | <input type="checkbox"/> | Determined by on-site evaluator evaluation |
| <input type="checkbox"/> | <input type="checkbox"/> | Other: _____ |

If any above are marked "no", please explain:

5. Is there evidence that the students receive objective evaluations?

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Verified by student and preceptor evaluations |
| <input type="checkbox"/> | <input type="checkbox"/> | Verified by use of appropriate evaluation instruments in all domains |
| <input type="checkbox"/> | <input type="checkbox"/> | Confirmed by faculty |
| <input type="checkbox"/> | <input type="checkbox"/> | Other: _____ |

If any above are marked "no", please explain:

6. Is there evidence that assures that student progress is appropriate and progressive?

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Verified by periodic meetings between program director and students |
| <input type="checkbox"/> | <input type="checkbox"/> | Verified by periodic review of preceptor evaluations by the program director. |
| <input type="checkbox"/> | <input type="checkbox"/> | Verified by field internship objectives |
| <input type="checkbox"/> | <input type="checkbox"/> | Other: _____ |

If any above are marked "no", please explain:

7. Does the field internship occur on advanced life support vehicles?

- | Yes | No | |
|--------------------------|--------------------------|------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Verified by site visit team |
| <input type="checkbox"/> | <input type="checkbox"/> | Verified by signed contracts |
| <input type="checkbox"/> | <input type="checkbox"/> | Other: _____ |

If any above are marked "no", please explain:

8. Does the field internship occur in an EMS system that has the capabilities of voice telecommunications with on-line medical control?

Yes No

☐ ☐ Confirmed by on site evaluators

If "no", does the system use standing orders?

9. How is the field internship component integrated with the overall curriculum of the program?

Yes No

☐ ☐ Verified by course objectives and schedules

☐ ☐ Confirmed by practical skill evaluations throughout the instructional program.

☐ ☐ Adequate field internship occurs after didactic and hospital clinicals

☐ ☐ Emphasizes assessment and problem solving

☐ ☐ Documentation maintained throughout the course demonstrating progression of the student to achieve entry-level competency

☐ ☐ Other: _____

If any above are marked "no", please explain:

10. Is there evidence that a student is never substituted a required team member within the EMS system during the field internship component of the program?

Yes No

☐ ☐ Verified by program director and preceptor

☐ ☐ Verified by students and graduates

☐ ☐ Verified by EMS agency contracts

If any above are marked "no", please explain:

11. Do all students have an adequate opportunity to attain required competencies?

Yes No

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Verified by internship schedules |
| <input type="checkbox"/> | <input type="checkbox"/> | Confirmed <i>by a</i> tracking system demonstrating progression of the student to achieve entry-level competency. |
| <input type="checkbox"/> | <input type="checkbox"/> | Other: _____ |

If any above are marked "no", please explain:

STUDENTS (1.C.)

1. Is there evidence that the program has published admissions policies and procedures?

Yes No

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Verified by observations of admission policies and procedures. |
| <input type="checkbox"/> | <input type="checkbox"/> | Other: _____ |

If any above are marked "no", please explain:

2. Are evaluations conducted to assure that both students and program faculty have evidence of student progress?

Yes No

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Verified by documentation of student records for test scores and progress |
| <input type="checkbox"/> | <input type="checkbox"/> | Verified by documentation of student conferences and counseling sessions |
| <input type="checkbox"/> | <input type="checkbox"/> | Verified by preceptors, students and faculty evaluations |
| <input type="checkbox"/> | <input type="checkbox"/> | Other: _____ |

If any above are marked "no", please explain:

3. Are evaluation instruments appropriate in design to assure valid assessment of competency?

Yes No

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | By evidence for feedback loop to students to assure entry level competency |
| <input type="checkbox"/> | <input type="checkbox"/> | By evidence for periodic review of correlation with related goals and objectives |
| <input type="checkbox"/> | <input type="checkbox"/> | Other: _____ |

If any above are marked "no", please explain:

4. Are student evaluations frequently reviewed for effectiveness?

Yes No

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Through periodic review of correlation with related goals and objectives |
| <input type="checkbox"/> | <input type="checkbox"/> | Other: _____ |

If any above are marked "no", please explain:

5. Does the review of student evaluations lead to updated revision for more effective testing instruments and evaluation methods?

Yes No

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Verified by faculty and students and evaluation tools |
| <input type="checkbox"/> | <input type="checkbox"/> | Observed changes in program's records for course evaluations and tests |
| <input type="checkbox"/> | <input type="checkbox"/> | Other: _____ |

If any above are marked "no", please explain:

6. Does the program have written admission policies addressing student's health?

Yes No

☐ ☐ Immunization records

☐ ☐ Post exposure plan

If any above are marked "no", please explain:

7. Is there evidence that students have information about access to health care services?

Yes No

☐ ☐ Published information in admission policies.

If any above are marked "no", please explain:

8. Do students receive information regarding the program:

Requirements

☐ Yes ☐ No

Comment(s):

Tuition

☐ Yes ☐ No

Comment(s):

Fees

☐ Yes ☐ No

Comment(s):

If any above are marked "no", please explain:

9. Is a descriptive synopsis of the current curriculum available to students and applicants of the program?

Yes No
☐ ☐ Program goals and objectives are received by students and applicants

If any above are marked "no", please explain:

10. Are the following on file and complete?

Current and updated teaching plans

Yes No
☐ ☐ State approved curriculum

If any above are marked "no", please explain:

Current and updated course objectives

☐ Yes ☐ No

Comments:

Clinical and field experience schedules

☐ Yes ☐ No

Comments:

Class laboratory schedules

☐ Yes ☐ No

Comments:

Copies of course syllabus.

☐ Yes ☐ No

Comments:

If any above are marked "no", please explain:

11. Are students appropriately identified by name and status during clinical and field internships?

Yes No
☐ ☐ Student name tags, uniforms

If any above are marked "no", please explain:

12. Is there evidence that there are policies to ensure that recruitment and admission are non-discriminatory with respect to race, color, creed, sex, age, disabling conditions, handicaps, and national origin?

Yes No
☐ ☐ Verified by publications and admission policies.

If any above are marked "no", please explain:

13. Is there evidence that there are policies to ensure that faculty employment is non-discriminatory with respect to race, color, creed, sex, age, disabling conditions, handicaps, and national origin?

Yes No

☐ ☐ Verified by faculty and administration

If any above are marked "no", please explain:

14. Are academic credit and cost to the student accurately stated, published, and made known to all applicants to the program?

Yes No

☐ ☐ Verified by student admission policies.

If "no", please explain:

15. Is there a grievance policy in place for student grievances?

Yes No

☐ ☐ Verified by student *admission* policies

If any above are marked "no", please explain:

16. Is there a grievance policy in place for faculty grievances?

☐ Yes ☐ No

If "no", please explain:

17. Are policies and processes for student withdrawal and tuition refund published and known to all applicants of the program?

☐ Yes ☐ No

If "no", please explain:

18. Is there evidence that the health and safety of patients, students, and faculty associated with the program are adequately safeguarded?

Yes No

☐ ☐ Documentation that students and faculty are aware of program's safety policies

☐ ☐ Other: _____

If any above are marked "no", please explain:

19. Are there satisfactory records kept for:

Student Admission

☐ Yes ☐ No

Comment(s):

Student Attendance

☐ Yes ☐ No

Comment(s):

Academic Counseling

☐ Yes ☐ No

Comment(s):

Evaluation

☐ Yes ☐ No

Comment(s):

Yes No

☐ ☐

Student files indicate completed evaluation instruments that clearly show graduates have met required competencies

If "no", please explain:

If any in #19 above are marked "no", please explain:

20. Are grades and credits for courses completed, recorded, and permanently maintained by the sponsoring institution for a minimum of 5 years?

Yes No

☐ ☐

Verified by student records

☐ ☐

Other: _____

If any above are marked "no", please explain:

21. Is there evidence of high school graduation or equivalent documentation in student records?

Yes No

☐ ☐

Verified by student records

☐ ☐ Other: _____

If any above are marked "no", please explain:

22. Will copies of examinations and assessments used in training program be maintained?

Yes No

☐ ☐ Verified by program records on file or program administration policy.

If "no", please explain:

23. Is there evidence that each student was informed about their individual progress in the program?

Yes No

☐ ☐ Verified by documentation of progress reports, and counseling sessions *or* administrative policies.

☐ ☐ Other: _____

If any above are marked "no", please explain: (how often: weekly, monthly, each semester?)

PROGRAM EVALUATION (1.E.)

1. Is there evidence that the program periodically assesses its effectiveness in achieving goals and objectives?

Yes No

☐ ☐ Verified by documentation of program improvements

☐ ☐ Appropriate pass/fail scores

☐ ☐ Performance objectives

☐ ☐ Classroom exams correlate to certification examination

☐ ☐ Other: _____

If any above are marked "no", please explain:

SUMMARY

List all strengths and weaknesses below.

1. What are the strengths of the program?

2. List all potential weaknesses of the program.

ADDITIONAL COMMENTS:

D

R

A

F

T

SITE VISIT REPORT PREPARED BY: _____
(Signature) (Date)

(Signature) (Date)

List all those present at the site visit.